

**COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2011

State of Connecticut

**Departments of Mental Health and Addiction Services
And
Children and Families**

August 2010

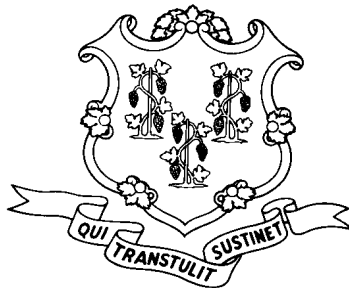


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I. Overview of the Community Mental Health Services Block Grant

A. Purpose

The United States Department of Health and Human Services through its Substance Abuse and Mental Health Services Administration (SAMHSA) manages the Community Mental Health Services (CMHS) Block Grant. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the CMHS Block Grant within the State of Connecticut.

Description: The CMHS Block Grant is designed to provide grants to States to carry out a state's mental health plan, to evaluate programs, and to plan, administer and educate on matters related to providing services under the plan. Funds can be used for grants to community mental health centers for services for adults with serious mental illnesses (SMI), and children with serious emotional disturbance (SED) and their families. Services for identifiable populations, which are currently under-served, and coordination of mental health and health care services within health care centers are also eligible.

The Community Mental Health Services Block Grant is developed within the context of Federal Public Law 102-321:

To provide for the establishment and implementation of an organized community-based system of care for individuals with serious mental illnesses and children with serious emotional disturbance.

The major purpose of the CMHS Block Grant program is to support the above mission through the allocation of Block Grant funds for the provision of mental health services.

B. Major Use of Funds

The Block Grant supports grants to local community-based mental health agencies throughout the state. Services that are eligible for CMHS Block Grant funds are as follows:

1. Services principally to individuals residing in a defined geographic area, for example regions and districts designated as service areas.
2. Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility.
3. Twenty-four hour emergency care services.
4. Day treatment or other partial hospitalization services or psychosocial rehabilitation services.
5. Screening for individuals being considered for admission to State mental health facilities to determine the appropriateness of such admission.

Additionally, Block Grant funds may be used in accordance with the identification of need and the availability of funds for:

- a. Services for individuals with serious mental illness (SMI) including identification of such individuals and assistance to such individuals in gaining access to essential services through the assignment of case managers.
- b. Identification and assessment of children and adolescents with a SED and provision of appropriate services to such individuals.
- c. Identification and assessment of persons who are within specified diagnostic groups including:
 - Persons with traumatic brain injury or other organic brain syndromes.
 - Geriatric patients with serious mental illness.
 - Persons with concomitant mental illness and mental retardation.
 - Persons with mental illness who are HIV+ or living with AIDS.

The CMHS Block Grant requires states to set aside a certain proportion of funds, based on Federal Fiscal Year (FFY) 1994 CMHS Block Grant expenditures, for serving children with SED. Historically, Connecticut has allocated 30% of the appropriated Block Grant funds to the Department of Children and Families (DCF) for this purpose. This percent of funds exceeds the federal requirement.

The CMHS Block Grant also requires states to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures for the 2-year period preceding the fiscal year for which the State is applying for the Block Grant.

There are a number of activities or services that may **not** be supported with CMHS Block Grant funds. These include: (1) to provide inpatient services; (2) cash payments to intended recipients of health services; (3) purchase or improvement of land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

Target Population: Adult Mental Health Services

The CMHS Block Grant is intended to serve adults (ages 18 and older) with serious mental illness (SMI), young adults transitioning out of the children's mental health system who have major mental illnesses and who will enter the adult mental health system, individuals at risk of hospitalization, individuals who have a serious mental illness or serious mental illness with a co-occurring substance use disorder who are homeless, or at risk of homelessness, and individuals who are indigent, including those who are medically indigent.

Target Population: Children Mental Health Services

The CMHS BG is intended to serve children, birth to age 18, with Serious Emotional Disturbance (SED) who are at risk of being, or have already been, separated from their family and/or community for the primary purpose of receiving mental health or related services.

Major Use of Funds:

Adult Mental Health Services

DMHAS is responsible for the administration of the adult mental health component of the CMHS Block Grant. The FFY 2011 CMHS Block Grant funds will be allocated to community-based mental health providers across the state. Funding is provided to these agencies to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to and residence in institutions. The CMHS Block Grant supports the state's efforts at developing a system of community-oriented, cost-effective mental health services that allow persons to be served in the least restrictive, most appropriate settings available. Services funded by the CMHS Block Grant are:

- Emergency/Crisis
- Outpatient/ Intensive Outpatient
- Residential Services
- Case Management
- Social Rehabilitation
- Family Education Training
- Parenting Support/Parental Rights
- Consumer Peer Support Services in an Emergency Department of a General Hospital
- Consumer Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Mental Health Planning Boards

Children's Mental Health Services

DCF is responsible for the administration of the children's mental health component of the CMHS Block Grant. The FFY 2011 CMHS Block Grant funds will be allocated for community-based mental health service provision and mental health transformation activities in Connecticut for children and their families. Funding is provided to support DCF's goal of reducing the incidence and prevalence of children's mental health disorders and aiding in the Department's efforts to positively transform the delivery of behavioral health care for children and their families. Services proposed for funding by the CMHS Block Grant during FFY 2011 are:

- Respite Services
- Family Advocacy Services
- Youth Suicide Prevention & Mental Health Promotion

- Community System of Care (CT KidCare) - Workforce Development/Training and Culturally Competent Care
- Extended Day Treatment: Model Development and Training
- Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities
- Outpatient Care- System and Treatment Improvement Initiative
- Co-Occurring Services: Screening and Assessment
- Best Practices Promotion and Program Evaluation
- Other CT Community Kid Care Activities to facilitate broader, diversified consumer and family participation in overall system planning, delivery, and oversight.

C. Federal Allotment Process

The allotment of the CMHS Block Grant to States is determined by three factors: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of mental health problems in a state. The Cost of Services Index represents the relative cost of providing mental health treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services. The product of these factors establishes the need for a given state.

D. Estimated Federal Funding

The FFY 2011 CMHS Block Grant Allocation Plan for Connecticut is based on an estimated federal funding of \$4,233,212 and may be subject to change when the final federal appropriation is authorized. The allocation plan is based on Connecticut's final FFY 2010 CMHS Block Grant award.

In the event that the anticipated funding is reduced, the DMHAS and DCF will review, in consultation with the State Mental Health Planning Council, the criticality and performance of these programs. Based on the review, reductions in the allocation would be assessed so as to prioritize those programs deemed most critical to the public. In the event that funding is increased or decreased, DMHAS and DCF will review the priorities provided by the State Mental Health Planning Council and make appropriate allocation adjustments.

E. Estimated Expenditure and Proposed Allocations

Adult Services:

Total Community Mental Health Service block grant funds available for expenditure in FFY 2011 is estimated to be \$3,050,685 including estimated federal adult portion allocation of be \$2,963,248 and DMHAS carry over funds of \$87,437.

Children Services:

Total Community Mental Health Service block grant funds available for expenditure in FFY 2011 is estimated to be \$ 1,534,178 including the estimated federal children's portion allocation of \$ 1,269,964 and the estimated carry over funds in the amount of \$ 264,214.

F. Proposed Allocation Changes From Last Year

Adult Mental Health Services:

The entire CMHS Block Grant expenditure plan is intended to enhance the overall capacity of the adult mental health service system. Consistent emphasis is placed on emergency crisis, case management, residential supports and outpatient/intensive outpatient services aimed at providing the basis for a sustained recovery in the community. Additionally, in the recent past, CMHS BG funds have been used to promote service system improvements in identified key areas such as peer-to-peer supports, transitioning youth, and mental health public awareness and education.

The only allocation change in the FY 2011 Allocation Plan is the elimination of the one Vocational Rehabilitation program from CMHS BG funds when the services were rebid and the current provider did not win the contract to implement Supported Employment Evidence-based practice service.

Children's Mental Health Services:

The CMHS Block Grant will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs and their families, and to support efforts to transform mental health care in the state. Respite services, family advocacy services, and youth suicide prevention and mental health promotion will continue to be funded at the same levels. Multi-year initiatives including System of Care Workforce Development and Training that includes culturally competent care, Extended Day Treatment Model Development, and Best Practices Promotion and Program Evaluation will continue.

There are three major changes for FFY 2011. First, we have completed the third year of the Trauma-Focused Cognitive Behavior Therapy Learning Collaborative and will continue to support the dissemination of the practice through an annual conference, a training for new hires, and the data collection and reporting system in order to assure sustainability. Second, we have added an Outpatient Care: System and Treatment Improvement Initiative. In the past year DCF has completed a review of the status of outpatient services across the state and identified the critical need to enhance the effectiveness of this service type, thus strengthening the overall continuum of care. An Outpatient Learning Community, comprised of key stakeholders has been convened to focus on system and practice improvements including enhancing family involvement, analyzing and reporting data, and improving evidence-based, clinical practices.

Third, we will support the use of the GAIN instrument in outpatient settings to screen and assess for co-occurring mental health and substance abuse problems in order to deliver integrated treatment.

G. Contingency Plan

This allocation plan has been prepared under the assumption that the FFY 2011 CMHS Block Grant for Connecticut will be funded at \$4,233,212 and may be subject to change. Should a reduction occur in the FFY 2011 CMHS Block Grant award, a review of the programmatic utilization and service system needs would be undertaken. Based on that review, reductions in the funding would be assessed so as to protect the most critical and high-use programs. Any increases in funding will ensure that the current level of obligations can be maintained. Currently, CMHS Block Grant obligations depend in part on funding carried forward from previous years. Funding increases will first be used to sustain the level of services currently procured via the annual, ongoing award. If there were an increase beyond that needed to maintain current services, the State Mental Health Planning Council would be consulted on the proposed use of those resources.

H. State Allocation Planning Process

Adult Mental Health Services

The process of developing an Allocation Plan for the adult portion of the FFY 2011 CMHS Block Grant is based on DMHAS' regional and statewide advisory structure. This advisory structure consists of five Regional Mental Health Boards (RMHBs) and 23 Catchment Area Councils (CACs). The RMHBs are statutorily responsible for determining regional service priorities, evaluating existing services relative to service priorities, and finally, for making funding recommendations to the DMHAS Commissioner. As required by federal regulation, the Adult State Mental Health Planning Council (ASMHPC) reviews and comments on the draft CMHS State Plan and Application. The Council's membership consists of representatives from each of the five RMHBs, members of the Mental Health and Addiction Services State Board, advocacy organizations, consumers and families as well as mental health providers and state agencies.

The Department of Mental Health and Addiction Services is committed to supporting a comprehensive, unified planning process across DMHAS operated and funded mental health and addiction services at local, regional and state levels. The purpose of this planning process is to develop an integrated and ongoing method to: 1) determine unmet mental health and substance abuse treatment and prevention needs; 2) gain broad stakeholder input on service priorities and needs, including persons in recovery, consumers, advocates, family members, providers and others; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policymaking.

In December 2001, DMHAS launched its priority setting initiative designed to engage and draw upon the existing and extensive planning, advisory and advocacy structures across the State. Fundamental to this process are RMHBs and Regional Action Councils (RACs)

statutorily charged to determine local and regional needs and service gaps. Both of these entities, working collaboratively, facilitate a process in each of the five DMHAS service regions to assess the priority unmet service and recovery support needs across the mental health and addiction service systems. Since 2001, DMHAS has conducted its priority setting process five times (in even numbered years), the most recent being spring 2010. RMHBs and RACs provide “updates” in the intervening years to inform DMHAS of progress made in addressing the identified unmet needs and to alert the department to any emerging issues.

In the 2010 priority process, a key informant questionnaire used in the past was revised for web-base application. Key informant constituency groups participating in the survey included providers, referral agencies (shelters, criminal justice officials, etc.), and local professionals (e.g. social workers). Additionally, the RACs and RMHBs utilized DMHAS service data, local needs assessments, and other planning documents as part of the local needs assessment. Findings from the key informant surveys are shared with local/regional stakeholders (including consumers and family members) at focus groups, community forums or other venues. These discussions provided an opportunity to obtain additional and clarifying information on the service needs as identified through the survey as well as ones not identified.

The priority setting process results in individual Regional Priority Reports across the behavioral health service continuum. These reports are presented to DMHAS staff at regional meetings, providing an opportunity for dialogue between the department and regional stakeholders. From the regional reports, a synthesized statewide priority report is created that examines cross regional priorities and solutions. The statewide report is shared and discussed with the Adult Mental Health Planning Council, the Mental Health and Addiction Services State Board and the Commissioner’s executive group. DMHAS uses this report, along with other strategic documents, in its biennial budget development process.

The following is a summary of preliminary findings regarding priority need areas:

- Housing, which has been identified as a high need area since 2002, continues to be a pressing concern in 2010. Affordable, safe housing for DMHAS consumers is very limited in all regions and communities across the state, although it is felt more strongly in some than others. In most regions, lack of housing was identified as the greatest barrier to treatment and ongoing recovery from mental illness.
- Transportation continues to be one of the greatest barriers to successful community integration and recovery. This need area, similar to housing, has been ranked in the top five priority areas for the last four needs assessments. Limited access to public transportation dictates where a consumer lives, works and socializes

Service Infrastructure – Clinical Care

Treatment providers clearly perceive some areas of DMHAS core services as less available including:

- Group Homes
- Acute inpatient beds (DMHAS-operated)
- Subacute beds
- Co-occurring (mental illness and substance use disorder) inpatient beds

Service Infrastructure – Support Services

A low availability rating for some support services reflects those service system barriers receiving a high rating (always/often a barrier), for instance:

- Housing was seen as always or often a barrier to getting service and supervised apartments and supportive housing were both rated as having limited availability
- Transportation was the second highest rated barrier and a majority of survey respondents felt that transportation services were sometimes available or not available.
- Other support services with low availability included supported education and peer-to-peer services, both relatively new services.

Children’s Mental Health Services

The Department of Children and Families (DCF) is responsible for administering the set aside for children's mental health services. DCF will allocate the FY 2011 CMHS Block Grant for the purpose of supporting services and activities that are to benefit children with serious emotional disturbances (SED) and complex behavioral health needs, and their families. These funds are used to support community-based service provision, with a focus on “enhanced access to a more complete and effective system of community-based behavioral health services and supports, and to improve individual outcomes”.¹

Allocations and the service plan to the CMHS Block Grant are based upon input from and recommendations of the Children’s Behavioral Health Advisory Committee (CBHAC). This committee serves as the Children’s Mental Health Planning Council (CMHPC) for Connecticut. Representation on this council/committee includes at least 51% parents of children who have serious emotional disturbances, other State agencies, community providers, and DCF regional personnel and advocacy groups. In addition, one of the co-chairs for the CBHAC must be a parent of a child with SED. Contracted community services for children and youth are regularly reviewed and monitored by DCF through data collection,

¹ Developing An Integrated System for Financing and Delivering Public Behavioral Health Services For Children and Adults in Connecticut A Report to the Connecticut General Assembly Pursuant to Public Act 01-2 JSS Section 49 and Public Act 01-8 JSS

site visits and provider meetings to ensure the provision of effective, child and family-centered culturally competent care. For example, effective July 1, 2009 a newly designed behavioral health information system, known as Programs and Services Data Collection and Reporting System, is now used to collect monthly data, replacing the former Behavioral Health Data System. At a minimum, regular reports are generated using these data to review utilization levels and service efficacy.

Competitive procurement processes (e.g., Requests For Proposals (RFP) and Requests For Applications (RFA)) typically include broad participation from DCF staff persons, parents of children with SED and other community members. This diversity of personnel supports multiple perspectives being represented to inform service award and final contracting. In particular, this multidisciplinary review process insures that the proposed program includes, but is not limited to, the following:

1. The services to be provided are clearly described and conform to the components and expectations set forth in the procurement instrument (e.g., RFP) and include, as pertinent, active membership in the System of Care Community Collaboratives by the applicant agency.
2. The services are appropriate and accessible to the population, and consistent with the needs and objectives of the State Mental Health Plan.
3. The number of clients to be served is indicated, supported by inclusion of relevant community demographic information (e.g., socio-economic, geographic, ethnic, racial and linguistic considerations).
4. The service will be administered in a manner that is cognizant of and responsive to the cultural and linguistic needs of the population(s) to be served.
5. Performance measures and outcomes are typically included with an articulation of a mechanism for routine reporting of data to DCF.

After a submitted application has been selected for funding, a contract detailing the aforementioned is established. Thereafter, the contractor provides program data and fiscal reports/information related to the activities performed in meeting the contract's terms, objectives and service outcomes.

Standard provider contract data includes variables pertaining to client demographics, service provision, and outcome values. DCF program managers regularly analyze, distribute and use these data to implement service planning and/or contract renewal or modification.

Area Office and/or statewide meetings are convened with contractor(s) to monitor service provision, and discuss needed modifications related to service provision. Central Office Bureau of Behavioral Health and Medicine staff persons are heavily involved in contract monitoring with respect to the Department's behavioral health service programming. These efforts include addressing child-specific treatment planning and systems/resource issues. Central Office staff contract oversight activities are further enhanced through collaboration with DCF Area Office Mental Health Program Directors, Child Protective Services staff, the

Area Office Resource Group and the membership of the local System of Care Community Collaboratives and the Managed Service Systems.

The above-mentioned mechanisms and processes join to provide DCF with a broad and diverse array of stakeholder voices to inform program planning and allocation decisions. Moreover, through the monthly meetings of the CBHAC/CMHPC and quarterly joint meetings with the Adult Mental Health Planning Council, a regular and established forum to obtain community input regarding the children's behavioral health service system is in place.

I. Grant Provisions

The Secretary of DHHS may make a grant under Section 1911 Formula Grants to States if:

- the State involved submits to the Secretary a plan providing comprehensive community mental health services to adults with a SMI and to children with a SED;
- the plan meets the specified criteria; and
- the Secretary approves the plan.

Other limitations on funding allocation include:

- A state may use no more than 5 percent of the grant for administrative costs.
- For FFY 1994, not less than 10 percent of the CMHS Block Grant was to be used to increase funding for systems of integrated services for children. For subsequent fiscal years, the state will expend for such systems an amount equal to the amount expended by the State for FFY 1994.
- CMHS Block Grant funds can only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care.

II. Tables

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Table A

**Community Mental Health Services Block Grant
Summary of Appropriations and Expenditures**

PROGRAM CATEGORY	FFY '09 Expenditures	FFY '10 Estimated Expenditure	FFY '11 Proposed Expenditure
Adult Mental Health Services	\$3,081,213	\$2,948,833	\$3,000,290
Children's Mental Health Services	1,561,597	1,667,091	1,534,177
TOTAL BUDGETED	\$4,642,810	\$4,615,924	\$4,534,467
SOURCE OF FUNDS			
Block Grant Award	\$4,323,899	\$4,233,212	\$4,233,212
Adult Carry Forward From Previous Year	\$127,506	\$73,022	\$87,437
Children's Carry Forward From Previous Year	925,768	661,341	264,214
TOTAL FUNDS AVAILABLE	\$5,377,173	\$4,967,575	\$4,584,863

TABLE B1
Community Mental Health Services Block Grant
PROGRAM EXPENDITURES - ADULT SERVICES

Title of Program Category: Adult Mental Health Services	FFY 09 Expenditure	FFY 10 Estimated Expenditure	FFY 11 Proposed Expenditure
Number of Positions (FTE)*			
Personal Services*			
Fringe Benefits*			
Other Expenses*			
Equipment*			
Contracts*			
DMHAS Grants to: DMHAS Funded Private Agencies:			
Emergency Crisis	\$1,643,152	\$1,633,884	\$1,643,154
Outpatient Services	\$635,587	\$635,587	\$635,587
Residential Services/ Supported Housing	\$156,312	\$108,514	\$108,514
Vocational/Employment Opportunities**	\$33,137	\$8,284	\$0
Social Rehabilitation	\$146,624	\$122,317	\$146,626
Case Management	\$140,611	\$140,617	\$140,617
Family Education Training	\$67,576	\$67,576	\$67,576
Consumer Peer Support in Emergency Dept General Hospital	\$104,648	\$104,648	\$104,648
Parenting Support / Parental Rights	\$52,324	\$52,324	\$52,324
Consumer Peer Support - Vocational Rehab.	\$52,322	\$26,162	\$52,324
Regional Mental Health Boards	\$48,920	\$48,920	\$48,920
Statewide Conference for Young Adult Services	\$0	\$0	\$0
TOTAL EXPENDITURES	\$3,081,213	\$2,948,833	\$3,000,290
	Sources of FFY 09 Allocations	Sources of FFY 10 Allocations	Sources of FFY 11 Allocations
Adult Carry Forward Funds	\$127,506	\$73,022	\$87,437
Adult Federal Block Grant Funds	\$3,026,729	\$2,963,248	\$2,963,248
TOTAL SOURCES OF FUNDS	\$3,154,235	\$3,036,270	\$3,050,685

* Not able to identify these amounts specific to the Block Grant Funds since all funded programs receive state dollars as well as other income, as necessary, to cover all costs associated with the program. The Block Grant dollars do not fund any programs exclusively.

** The only allocation change in the FY 2011 Allocation Plan is the elimination of the one Vocational Rehabilitation program from CMHS BG funds when the services were rebid and the current provider did not win the contract to implement Supported Employment Evidence-based practice service.

TABLE B2
Community Mental Health Services Block Grant
PROGRAM EXPENDITURES - CHILDREN'S SERVICES

Insert Title of Program Category	FFY 09 Expenditure	FFY 10 Estimated Expenditure	FFY 11 Proposed Expenditure
Number of Positions (FTE)*			
Personal Services*			
Fringe Benefits*			
Other Expenses*			
Equipment*			
Contracts*			
DCF Grants: DCF Funded Private Agencies			
Respite for Families	425,422	425,995	425,995
Family Advocate Services	450,475	467,300	467,300
Youth Suicide Prevention/ Mental Health Promotion	37,152	50,000	50,000
Multiculturalism Development and Enhancement	10,000		
CT Community KidCare (System of Care) Workforce Development/ Training	43,333		
CT Community KidCare (System of Care) Workforce Development/Training & Culturally Competent Care		110,000	70,000
Extended Day Treatment: Model Development and Training	74,772	90,000	60,000
Dialectical Behavior Therapy Training	405,500		
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	110,818	435,000	
Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities			53,198
Outpatient Care: System Treatment and Improvement Initiative			284,890
Co-occurring Screening & Assessment			40,000
Best Practices Promotion & Program Eval.		72,794	62,794
Other Connecticut Community KidCare***	4,125	20,000	20,000
TOTAL EXPENDITURES	1,561,597	1,671,089	1,534,177
Refund Checks	0	(3,998)	0
TOTAL NET EXPENDITURES	1,561,597	1,667,091	1,534,177
	Sources of FFY 09 Allocations	Sources of FFY 10 Allocations	Sources of FFY 11 Allocations
Children Carry Over Funds	925,768	661,341	264,214
Children Federal Block Grant Funds	1,297,170	1,269,964	1,269,964
TOTAL SOURCES OF FUNDS	2,222,938	1,931,305	1,534,178

* Not able to identify these amounts specific to the Block Grant Funds since all funded programs receive state dollars as well as other income, not exclusively Block Grant funds

Table C1

**The Community Mental Health Services Block Grant
Summary of Adult Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2010*
Emergency Crisis	To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce the risk of harm to self or others, stabilize psychiatric symptoms, or behavioral and situational problems, and wherever possible to avert the need for hospitalization.	The program activities include assessment and evaluation, diagnosis, hospital prescreening, medication evaluation, and referral for continuing care if needed. Funds to seven (7) community agencies.	5,894 unduplicated adults
Outpatient/ Intensive Outpatient Services	A program in which mental health professionals evaluate, diagnose and treat individuals with serious psychiatric disabilities or families in regularly scheduled therapy visits and non-scheduled visits. Services may include psychological testing, long-term therapy, short-term therapy, group therapy or medication visits.	Services are provided in regularly scheduled sessions and include individual, group, family therapy, and psychiatric evaluation and medication management. Funds to four (4) community agencies.	5,321 unduplicated adults
Supported Residential and Supportive Housing Services	To foster the development of long-term solutions to the housing and service needs of families and individuals, coping with psychiatric disabilities.	Services consist of transitional and/or permanent housing subsidies with funding for supportive services. Funds to four (4) community agencies.	274 adults
Employment Opportunities	To provide structured vocational employment services directed at helping clients to prepare for, obtain, and maintain employment activities. These activities include services to functionally prepare the client for being an employee, supportive activities to achieve or maintain the client's employment status, and time-limited assessments and counseling for clients so they may continue to pursue viable employment outcomes.	Employment services may include the following: competitive employment, supported work placement, placement assistance, employment counseling and supervision, job coaching on-site, job development and employer consultation services, functional vocational training, and assisting in and obtaining job interviews for clients. Funds to one (1) community agency.	158 unduplicated adults

Table C1 (Continued)

**The Community Mental Health Services Block Grant
Summary of Adult Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2010*
Social Rehabilitation	To provide a long-term, supportive, flexible therapeutic milieu to enhance a range of activities including daily living skills, interpersonal skill building, life management skills, and prevocational skills. Prevocational activities will include temporary, transitional, or volunteer work assignments.	The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services and access to psychiatric, medical, and laboratory services when appropriate. Funds to one (1) community agency.	125 unduplicated adults
Case Management	To assist persons with severe and persistent mental illness, through community outreach, to obtain necessary clinical, medical, social, educational, rehabilitative, and vocational or other services in order to achieve optimal quality of life and community living.	Services may include intake and assessment, individual service planning and supports, intensive case management services, counseling, medication monitoring and evaluation.	476 unduplicated adults
ACT Case Management	ACT services are highly intensive and are frequently provided on a daily basis. Clients involved with the ACT program typically require daily assistance in order to function in the community. Clients may receive assistance on a 24-hour basis through ACT or Crisis staff.	Services are intensive and range from less frequency and duration to daily assistance. Funds to four (4) community agencies.	
Family Education Training	To provide information about mental illness, treatment, support services and methods of accessing services for families of those afflicted with severe biological brain disorders.	Provide information to individuals, family members and consumers; conduct a 12-week Family to Family (FTF) course teaching about mental illness, its treatment, coping skills and family-based self-help; Conduct a 10-week Providers Education Program teaching mental health education and consumer/provider/family collaboration; Coordinate conferences and workshops; outreach and recruitment activities.	1,200 unduplicated individuals 336 FTF attendees & 12 teachers trained (unduplicated) 22 providers (unduplicated) 500 attendees to conferences (duplicated)

Table C1 (Continued)

**The Community Mental Health Services Block Grant
Summary of Adult Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2010*
Consumer Peer Support in Emergency Dept General Hospital	To improve the quality of services and interactions experienced by individuals with psychiatric disabilities who seek emergency room treatment using trained consumers on-call peer advocates as liaisons.	Assist individuals in understanding hospital policies and procedures; assure that individuals' rights are respected, assist with addressing family and hospital personnel.	476 adults (duplicated) seen with mental health issues
Parenting Support /Parental Rights	To maximize opportunities for parents with psychiatric disabilities to protect their parental rights, establish and/or maintain custody of their children, and sustain recovery.	Services include early intervention assessments, support services, mentoring, preparation of temporary guardianship forms, and legal assistance. Funds one (1) community-based agency.	24 unduplicated individuals
Consumer Peer Support - Vocational	To provide consumer-driven vocational support services for individuals with psychiatric disabilities. Through the use of trained mentors, provide opportunities that will result in: 1) the development and pursuit of vocational goals consistent with the individual's recovery; 2) assist with finding, obtaining, and maintaining stable employment; and, 3) the experience of an environment of understanding and respect, in which the individual is supported in their recovery.	These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with psychiatric disabilities toward stable employment and economic self-sufficiency. Funds to two (2) community agencies.	48 unduplicated individuals
Regional Mental Health Boards	To support grass roots community participation and input on service needs identification, quality and enhancement of the service delivery system and promote effective, efficient and consumer responsive service functions through the Regional Mental Health Boards to the Adult State Mental Health Planning Council. The Adult State Mental Health Planning Council is mandated to oversee the CMHS PP BG by federal law and has delegated these responsibilities to the RMHBs.	Fund Regional Mental Health Boards for identifying needs, monitoring the quality of services, conducting formal evaluations, and special studies, which identify service gaps and deficiencies for CMHS BG mandated Adult State Mental Health Planning Council.	Not applicable

***SFY 2010 is based on recent 12 months for which data is available (March 1, 2009 – February 28, 2010)**

Table C2

**The Community Mental Health Services Block Grant
Summary of Children's Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2010*
Respite for Families	To provide temporary care in the home or community to children and adolescents with emotional and/or behavioral special needs, which supports relief to their caregivers. Such care is intended to maintain these children and youth in their homes and communities, and provide opportunities for age appropriate social and recreational activities.	DCF gives funds to six (6) community agencies for the provision of respite services for children and youth with complex behavioral health care needs.	180 children (unduplicated) received respite services
Family Advocacy Services	To support meaningful family involvement in the children's behavioral health system through a statewide family advocacy organization.	DCF provides funds to a consortium of diverse family advocacy organizations to support service and system development.	4,450 families (duplicated count) were served
Youth Suicide Prevention & Mental Health Promotion	To promote programs, activities and strategies that prevent youth suicide and enhance positive mental health in children/youth.	DCF provides funds utilized by the CT Youth Suicide Advisory Board and the Prevention Unit to contract for services and training related to youth suicide prevention and mental health promotion.	864 people participated in suicide prevention training.
System of Care Workforce Development and Training & Culturally Competent Care	To enhance the provision of effective, child and family focused, strength-based, culturally competent community-based service provision through the System of Care approach.	DCF contracts with universities, community providers, consultants and purchases assessment assistance and/or evaluation tools/materials to support the provision of community-based care for children with behavioral health needs.	Care coordinators delivered services to approximately 1,300 clients
Extended Day Treatment: Model Development and Training	To support the development of a statewide, standardized, multi-faceted model of care to provide behavioral health treatment and rehabilitative supports for children and adolescents who experience a range of complex psychiatric disorders, and their families.	DCF provides funds to support training that includes evidence-based family engagement protocols, multi-family support groups, the Risking Connection curriculum, and the Project Joy therapeutic recreation training.	Extended Day Treatment staff serves more than 900 youth annually.

Table C2 (Continued)

**The Community Mental Health Services Block Grant
Summary of Children's Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2010*
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	To support the adoption and implementation of the empirically supported treatment, Trauma-Focused Cognitive Behavior Therapy at selected outpatient psychiatric clinics for children.	DCF contracts with the Connecticut Center for Effective Practice and up to six child guidance clinics each year to receive training and deliver these services.	More than 850 children, adolescents and families have been offered this trauma-specialty treatment.
Best Practices Promotion & Program Evaluation	To support consultation and technical assistance to identify best practices for specific populations and to evaluate existing models and services to improve the community-based service system.	No contracts have been awarded to date.	Will impact entire community-based service system that serves approximately 28,800 children/youth and their families
Other Connecticut Community KidCare	To support participation by families and stakeholders in the System of Care including the Children's Behavioral Health Advisory Committee (CBHAC). This is a means to facilitate broader constituent involvement in planning activities related to the provision of children's mental health services in Connecticut.	Funding is made available to assist with the functioning and charge of the CBHAC, covering modest ancillary costs (e.g., coffee and light refreshments, meeting space for special events, etc.)	The CBHAC consists of 32 members, with regular attendance from members of the public.

*Estimates for SFY 2010 based on data available through the third quarter of SFY 2010 - PSDCRS Database

III. Allocations by Program Category

**For Adult Mental Health Services from DMHAS
Community Mental Health Performance Partnership Block Grant
List of Block Grant Funded Programs – FFY ‘10 Estimated Expenditures
and FFY ‘11 Proposed Expenditures**

Emergency Crisis	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Emergency Crisis	\$1,633,884	\$1,643,154
TOTAL	\$1,633,884	\$1,643,154

Outpatient Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Outpatient Services	\$635,587	\$635,587
TOTAL	\$635,587	\$635,587

Residential and Supportive Housing Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Residential and Supportive Housing Services	\$108,514	\$108,514
TOTAL	\$108,514	\$108,514

Case Management Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Case Management Services	\$140,617	\$140,617
TOTAL	\$140,617	\$140,617

Employment Opportunities	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Employment Opportunities	\$8,284	\$0
TOTAL	\$8,284	\$0

Social Rehabilitation	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Social Rehabilitation	\$122,317	\$146,626
TOTAL	\$122,317	\$146,626

**For Adult Mental Health Services from DMHAS
Community Mental Health Services Block Grant
List of Block Grant Funded Programs – FFY ‘10 Estimated Expenditures
and FFY ‘11 Proposed Expenditures
(Continued)**

Family Education Training	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Family Education Training	\$67,576	\$67,576
TOTAL	\$67,576	\$67,576

Consumer Peer Support in Emergency Dept General Hospital	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Consumer Peer Support in Emergency Dept General Hospital	\$104,648	\$104,648
TOTAL	\$104,648	\$104,648
Parenting Support / Parental Rights	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Parenting Support / Parental Rights	\$52,324	\$52,324
TOTAL	\$52,324	\$52,324
Consumer Peer Support - Vocational	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Consumer Peer Support - Vocational	\$26,162	\$52,324
TOTAL	\$26,162	\$52,324

Regional Mental Health Boards	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Regional Mental Health Boards	\$48,920	\$48,920
TOTAL	\$48,920	\$48,920

Statewide Conference for Young Adult Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Statewide Conference for Young Adult Services	\$0	\$0
TOTAL	\$0	\$0

**For Children's Mental Health Services from DCF
Community Mental Health Services Block Grant
List of Block Grant Funded Programs - FFY '10 Estimated Expenditures
and FFY '11 Proposed**

Respite Programs	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Home-Based Respite Care	\$425,995	\$425,995
TOTAL	\$425,995	\$425,995
Family Advocacy Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
System Development and Direct Family Advocacy	\$467,300	\$467,300
TOTAL	\$467,300	\$467,300
Youth Suicide Prevention & Mental Health Promotion	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Training and Community Outreach and Services	\$50,000	\$50,000
TOTAL	\$50,000	\$50,000
System of Care (CT KidCare)	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Workforce development and training including focus on competent multicultural services for the system of care.	\$110,000	\$70,000
TOTAL	\$110,000	\$70,000
Extended Day Treatment: Model Development & Training	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Model development and training	\$90,000	\$60,000
TOTAL	\$90,000	\$60,000
Trauma Training	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	\$435,000	\$53,198
TOTAL	\$435,000	\$53,198

**For Children's Mental Health Services from DCF
Community Mental Health Services Block Grant
List of Block Grant Funded Programs - FFY '10 Estimated Expenditures
and FFY '11 Proposed**

Outpatient Care	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
System Treatment and Improvement Initiative	\$0	\$284,890
TOTAL	\$0	\$284,890
Co-Occurring Services	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Screening and Assessment	\$0	\$40,000
TOTAL	\$0	\$40,000
Best Practices Promotion and Program Evaluation	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Program Evaluation	\$72,794	\$62,794
TOTAL	\$72,794	\$62,794
Other CT Community KidCare Activities	FFY 10 Estimated Expenditures (including carry over funds)	FFY 11 PROPOSED Expenditures (including carry over funds)
Activities and related support to achieve the full participation of consumers and families in the system of care, including CBHAC	\$20,000	\$20,000
TOTAL	20,000	\$20,000